## APPLICATION FOR JUDICIAL BRANCH FEDERAL EMPLOYMENT -AO-78

1 N	lame Last, First, Middle Initial		2. Phone Nu	mber	2 Coois	d Security Numb	ner .
ı. IN	ame Last, first, Middle midal	шоег	3. Social Security Number				
l. P	resent Address	5	5. Place of Birth				
5. C	Other names used for employment purposes		City				
		S	State				
			I	Foreign Country			
	Are you a U.S. Citizen? <b>G</b> yes <b>G</b> no - G a. Were you ever a federal civilian employe	/salary:					
).	b. Are you receiving a federal annuity or severance payment? <b>G</b> yes <b>G</b> no Do you have any relatives who are Judges, Officers or employees of the United States Courts? If so				grade/salary  o give their names, positions, and relationships to you.		
	Have you ever been discharged from a position or asked to resign under the threat of discharge?   yes   no If yes, explain under Remarks.  Have you ever been convicted?   yes   no (You may omit: (1) offenses committed before your 18 th birthday and adjudicated under a juvenile offender law; (2) offenses adjudicated under a youth offender law; (3) offenses as to which the record has been expunged; (4) minor traffic violations for which you paid a fine of \$100 or less.) If Yes, explain under Remarks.						
3.	EDUCATION a. Do you have a high school diploma or G.E.D?  uges  no  If yes, Date of Completion						
<b>)</b> .	Name and location of colleges or universities attended (including law schools)	Dates Attended	Credit Hours Quarter Semester	Degree	Date Receive		Grade Point Average and/or Scholastic Standing
	Chief Undergraduate Subjects Credit Hours Quarter Semeste		Chief Graduate Subjects			1	Credit Hours Quarter Semester
	c. Specify special skills, accomplishments,	awards, honors, fraterni	ties, sororities & societie	s. <b>G</b> Non	ne		
	d. Other schools or training such as a trade, attended, subject studied, certificates, and		business. Give for each	ı: Name and	d location of school	ol, dates	
4. N	IILITARY SERVICE a. Have you ever served on active duty with	n the military? <b>G</b> yes	<b>G</b> no If yes, attach a co	opy of DD 2	214, Notice of Sep	paration	
	b. Are you retired from military service?	G yes G no					
PPI	a. Are you admitted to the Bar? <b>G</b> yes Is your Bar membership <b>G</b> Active b. Did you attend a bar review course?	G Inactive	e bar(s) to which admitt			to	

## WORK EXPERIENCE

Including experience while in military service. (Start with your present position and work back 10 years. Use additional page if necessary.)

May we ask your present employer about your character, qualifications, and work record? A "NO" will not affect our review of your qualifications. If you answer "NO" and we need to contact your present employer before we can offer you a job, we will contact you first.  $\Box$  Yes  $\Box$  No

A Dates of Employment (month, day, year) Number of Number of Supplementary Num			worked per week:	Exact Title of Your Position	tle of Your Position	
	=					
rom	То					
alary or Earnings		Classification Grade/Level	Place of Employment	Kind of Business or Organization		
tarting \$	Per	(If in federal service)	City			
nal \$	Per		State or Country			
ame and Address of	Employer (firm, organ	nization, etc.)	1	Name and Title of Immediate Supervisor		
usiness Telephone:	Area Code	Number				
eason for Leaving						
Description of Work						
}						
ates of Employment	(month, day, year)	Number of hours v	worked per week:	Exact Title of Your Position		
rom	То					
alary or Earnings		Classification Grade/Level	Place of Employment	Kind of Business or Organization		
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nal \$	Per		State or Country			
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usiness Telephone:	Area Code	Number				
eason for Leaving						
Description of Work						
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REMARKS:	(Use this space for	continuation of answers. List the number	er of items being continued.)			

made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

DATE SIGNED \_\_\_

## **CONTINUATION SHEET-AO-78**

C				
Dates of Employment (month, day, year)		Number of hours	worked per week:	Exact Title of Your Position
From	То			
Salary or Ea	urnings	Classification Grade/Level	Place of Employment	Kind of Business or Organization
Starting \$	Per	(If in federal service)	City	
Final \$	Per		State or Country	
Name and	Address of Employer (firm, orga	nnization, etc.)		Name and Title of Immediate Supervisor
Business Te	elephone: Area Code	Number		
Reason for	Leaving			
Description	of Work			
<b>D</b>				
	nployment (month, day, year)	Number of hours	worked per week:	Exact Title of Your Position
From	То			<del></del>
Salary or Ea	urnings	Classification Grade/Level	Place of Employment	Kind of Business or Organization
Starting \$	Per	(If in federal service)	City	
Final \$	Per		State or Country	
Nome and	Address of Employer (firm, orga	onization ata)		Name and Title of Immediate Supervisor
Name and	Address of Employer (firm, orga	mization, etc.)		Name and Title of Immediate Supervisor
Business Te	elephone: Area Code	Number		
Reason for	Leaving			
Description	of Work			